

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11723

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 days  
 Hospital, institution, or street address where death occurred St. Mary's Hosp. Leonardtown, Maryland  
 How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town St. George's Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Frances Ruth Brown

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Joseph Bennett Brown  
 6. (c) If alive, give age 74 years  
 7. Birth date of deceased (mo., day, yr.) Oct 17 - 1884  
 8. AGE: Years 67 Months - Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace St. George's Island St. Mary's Md  
 (Town, county, and state)  
 10. Usual occupation House wife  
 11. Industry or business \_\_\_\_\_

12. Name Francis Patton  
 13. Birthplace St. Mary's Co  
 14. Maiden name Elizabeth Thomas  
 15. Birthplace St. Mary's Co

16. Informant John B. Brown  
 Address St. George's Island Md  
 17. Burial Date thereof Nov 6 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Francis Xavier  
 Location St. George's Island Md  
 18. Funeral director W. C. Martin & Sons  
 Address Leonardtown Md

19. 11/5 48 Cerebral  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

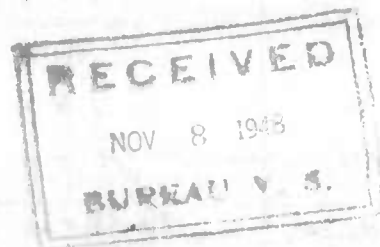
20. DATE OF DEATH Nov 4 1948 at 10:20 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1948, to Nov 4 1948  
 and that I last saw her alive on November 4 1948  
 Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage 10/30/48  
 Due to Chronic Hypertension over 10 yrs.  
 Due to \_\_\_\_\_  
 Other conditions Chronic Bronchitis - Pneumonia 3 days.  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert V. Fuchs, M.D.  
 M. D. or other \_\_\_\_\_  
 Address Leonardtown, Md. Date signed 11/5/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 222

## 1. PLACE OF DEATH:

County St. MarysCity or town Leonardtown, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Marys Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Madeline Carberry

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1903

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE

45

Years

Months

Days

If less than one day

26

hrs.

min.

9. Birthplace Leonardtown, St. Marys, Md.

(Town, county, and state)

10. Usual occupation Housekeeper

## 11. Industry or business

MOTHER FATHER

## 12. Name

Afred Carberry

## 13. Birthplace

St. Marys County, Maryland

## 14. Maiden name

Sarah Maysen

## 15. Birthplace

St. Marys County, Maryland

## 16. Informant

Sarah Carberry

## Address

Leonardtown, Md.

## 17. Burial

Burial

## Date thereof

Nov. 8, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Our Ladies Cemetery

## Location

Medley Neck, Maryland

## 18. Funeral director

Robinson Family Home

## Address

Leonardtown, Md.

## 19. 11/7

48Carberry

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4 Nov 19 48 at 3:17 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 Aug 19 48 to 4 Nov 19 48and that I last saw him alive on 3 Nov 19 48

## Immediate cause of death

Generalized carcinoma

## DURATION

Due to

Carcinoma lungs

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

## Means of injury

St. Marys

## Injured at work?

## 23. SIGNATURE

J. R. Guyther, MD

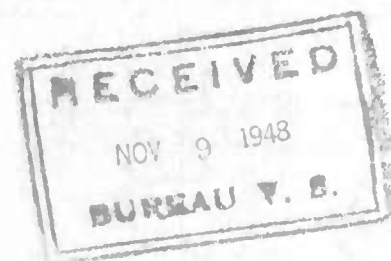
M. D. or other

Address

Mechanicville

Date signed

Nov 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11725

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Chopton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County St. Mary'sCity or town Chopton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed8.(b) Name of husband or wife Barley Cook

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 24, 1864.8. AGE: Years 84 Months 5 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Birthplace St. Mary's Co. Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin Owens13. Birthplace Md.14. Maiden name Not Known

15. Birthplace

18. Informant Olivia NelsonAddress Chopton Md.17. Buried Date thereof 11/13/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Sacred Heart CemeteryLocation Bushwood Maryland18. Funeral director Rev. E. WelchAddress Chopton Md.19. 11/12 48 Caucasian  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1948 at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death

DURATION

Acute Cardiac failure20 min.Due to Chronic myocarditisDue to Simple degeneration of old ageOther conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Alexis C. Welch M. D. or otherAddress Chopton Maryland Date signed 11/11/48

RECEIVED

NOV 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

11727

## 1. PLACE OF DEATH:

County St. MarysCity or town New St. Marys city  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town New St. Marys city  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Herbert Williams Dorsey

## 3. (b) Social Security Number

213-22-04774. Sex Male5. Color or race Colored6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Elizabeth Dorsey

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) ABT. 18898. AGE: Years 5-7 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace East Hall St. Marys Maryland  
(Town, county, and state)10. Usual occupation Waterman

11. Industry or business \_\_\_\_\_

12. Name Parker Dorsey13. Birthplace St. Marys14. Maiden name Sola Dorsey15. Birthplace St. Marys Co16. Informant Elizabeth DorseyAddress St. Marys city17. Burial Date thereof Nov 6, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. James CemeteryLocation near St. Marys city Md18. Funeral director W. C. McIntosh SonsAddress Seaside town Md19. 11/5 48 Cavalier  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 19 48 at 1230 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 19 48, to Nov 4 19 48  
and that I last saw him alive on Nov 3 19 48

Immediate cause of death \_\_\_\_\_

Influenza pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other condition Chronic interstitialnephritis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

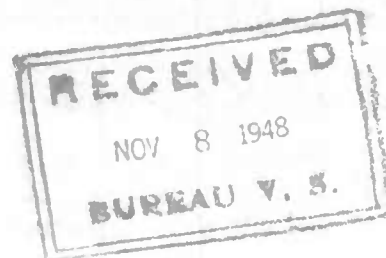
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. J. Thompson M. D. or otherAddress Lexington Park Date signed 11/4/48

1948  
59  
1889





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH: St. Marys  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....  
Hospital, institution, or street address where death occurred:  
St. Marys  
How long in hospital or institution?..... 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County St. Marys  
City or town..... Hermansville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Philip Harrison Dyson

### 3. (b) Social Security Number

4. Sex..... male  
5. Color or race..... white  
6.(a) Single, married, widowed, or divorced..... single  
6.(b) Name of husband or wife.....  
6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.)..... April 4, 1907  
8. AGE: Years..... 41 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace..... Maryland  
(Town, county, and state)  
10. Usual occupation..... Farmer  
11. Industry or business.....  
12. Name..... Philip Dyson  
13. Birthplace..... Maryland  
14. Maiden name..... Francis Downes  
15. Birthplace..... Maryland

16. Informant..... Earl F. Dyson  
Address..... Hermansville Maryland  
17. Burial Date thereof..... 11/17/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Holy Face  
Location..... Great Mills, Md.  
18. Funeral director..... P. B. Robinson  
Address..... Leonardtown, Md.

19. 11/16 1948 Caulier  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 14 1948 at 3:35 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1948 to Nov 14 1948  
and that I last saw him alive on Nov 13 1948  
Immediate cause of death..... Hemorrhage

	DURATION
Due to..... <u>Low Prothrombin</u>	
Due to..... <u>Cirrhosis (Portal)</u>	
Other conditions.....	

(Include pregnancy within 3 months of death)  
Major findings of operations.....  
Date of op.....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?  
23. SIGNATURE..... Wm. D. Boyd MD  
Address..... Leonardtown Date signed..... 11/18/48

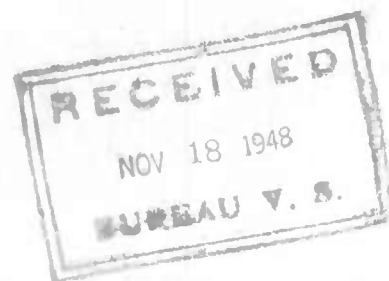
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1245 11726



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 11728 282

### 1. PLACE OF DEATH:

County St. Marys County Md.  
City or town U.S. Naval Air Station, Patuxent River  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 year 8 months  
Hospital, institution, or street address where death occurred:  
Dispensary, NAS, Patuxent River, Md.  
How long in hospital or institution? 1 day

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Kentucky County Wolfe  
City or town Landsaw, Kentucky  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Box 142  
(If rural, give LOCATION)  
2.(a) If veteran, name war World War II

### 3.(a) FULL NAME

FAULKNER, Corbett Bruce

### 3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife Unmarried

7. Birth date of deceased (mo., day, yr.) 11-3-24 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day  
23 11 29 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Landsaw, Kentucky  
(Town, county, and state)

10. Usual occupation Mariner

11. Industry or business U. S. Navy

12. Name Leonard Faulkner

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Official Navy Records

Address \_\_\_\_\_

17. Transportation Date thereof 11/3/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location Stanton, Kentucky

18. Funeral director P. B. Robinson's Funeral Home

Address Leonardtownt, Md.

19. 11/3 48 Paula  
(Date rec'd by registrar) (year) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 1 November 19 48 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1:00 A.M. on 11-1 19 48 to 6:45 P.M. 11-1-48

and that I last saw him alive on 1 November 19 48

Immediate cause of death Hemorrhage, Traumatic, Intracranial DURATION

Due to Fracture, Compound, Skull

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results Camp. Pres. of Skull Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11-1-48

Where did injury occur? California, St. Marys, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway #235

Means of injury Automobile Injured at work? No

Signature Paul Vaughan Date of signature \_\_\_\_\_

Address Dispensary, U.S. Naval Air Station Date signed 11-2-48

Patuxent River, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
NOV 5 1948  
BUREAU A. B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Frederick, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 90 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Mary's  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Charles Eugene Gough

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Virginia Helen Gough  
 5. (c) If alive, give age 54 years  
 7. Birth date of deceased (mo., day, yr.) April 22 - 1873  
 8. AGE: Years 75 Months 6 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Leonardtown, St. Mary's Md  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Joseph T. Gough

13. Birthplace St. Mary's Co

14. Maiden name Elizabeth Roache

15. Birthplace St. Mary's Co

16. Informant Mrs. Charles E. Gough

Address Frederick, Maryland

17. Burial Date thereof Nov 22, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Landon Chapel

Location near Leonardtown Md

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. 11/20 48 Caumatin  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov 19 19 48 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 19 48 to Nov 19 19 48 and that I last saw him alive on Nov 19 19 48

Immediate cause of death \_\_\_\_\_ DURATION 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

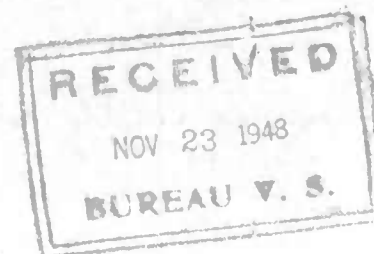
23. SIGNATURE Frank A. Caumatin M. D. or other \_\_\_\_\_

Address Leonardtown Date signed 11/20/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11730

Reg. Dist. No. 281

### 1. PLACE OF DEATH:

County St. Marys  
City or town Dameron  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Marys  
City or town Dameron  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Ida Indiana Hammett

### 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 28, 1864 8. (c) If alive, give age years

8. AGE: Years 84 Months 7 Days 22 If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Ignatius Bohannon

13. Birthplace Maryland

14. Maiden name Martha Clark

15. Birthplace Maryland

16. Informant Mary R. Trossbach

Address Dameron, Md.

17. Burial Date thereof 11/22/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. James

Location St. James, Md.

18. Funeral director P. B. Robinson

Address Leonardtownt, Md.

19. Nov 21, 1948 Registrar P. B. Robinson

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19, 1948 at 5:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17, 1948 to Nov 19, 1948  
and that I last saw him alive on Nov 19, 1948

Immediate cause of death  
Coronary occlusion  
General atherosclerosis

Due to

Due to

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE P. B. Robinson

Address St. James, Md. Date signed 11-21-48

MARGIN RESERVED FOR BINDING

9.45-15M

V5 A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 23 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

160c

11731

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County *St. Mary's*City or town *Leonardtown*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *30 min*

Hospital, institution, or street address where death occurred:

How long in hospital or institution? *30 min*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *St. Mary's*City or town *Hollywood*  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

*Infant Head*

## 3. (b) Social Security Number

4. Sex

*m*

5. Color or race

*w*

6.(a) Single, married, widowed, or divorced

*—*

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

*Nov. 16 1948*

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

*30*

9. Birthplace

*MD*  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Date thereof *11/16/48*  
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. *11/16*  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 16 48* at *1:10 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Nov. 16 1948* to *Nov. 16 1948*and that I last saw him alive on *Nov. 16 1948*

Immediate cause of death

DURATION

Due to

Due to

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

M. D. or other

Address *Leonardtown* Date signed *11/16/48*

RECEIVED

NOV 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

95a

11733

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Leonardtown Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Leonardtown Maryland  
 How long in hospital or institution? A. F. D. #1

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. A. F. D. #1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Robert Combs Laker

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Katharine C. Laker  
 6.(c) If alive, give age 70 years  
 7. Birth date of deceased (mo., day, yr.) July 10 - 1871  
 8. AGE: Years 77 Months 3 Days 23 If less than one day  
hrs. min.

9. Birthplace Leonardtown St. Marys Maryland  
 (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business same

12. Name William C. Laker

13. Birthplace St. Marys Co

14. Maiden name Susie Combs

15. Birthplace St. Marys Co

16. Informant Mrs. Katharine C. Laker

Address Leonardtown Maryland

17. Burial Date thereof Nov 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Albans Cemetery

Location Leonardtown Maryland

18. Funeral director W. C. Martin & Sons

Address Leonardtown Maryland

19. 11/3 48  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 19 48 at 9:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 19 43, to Nov 2 19 48

and that I last saw him alive on Oct. 2 19 48

Immediate cause of death Acute Fibrillation DURATION 10 min  
(Ventricular of Heart)

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

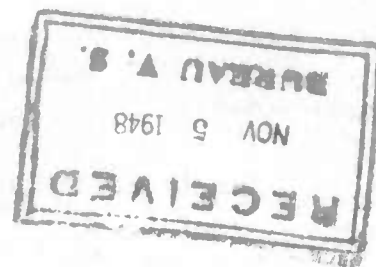
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. F. Greenwell M. D. or other

Address Leonardtown Md Date signed 11-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Mechanicville, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town Mechanicville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 1  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

LOUIS BENEDICT MILES

## 3. (b) Social Security Number

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 6, 1946

8. AGE: Years 22 Months 0 Days 0 If less than one day  
 hrs. 0 min. 0

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Deceased

13. Birthplace

14. Maiden name Deceased

15. Birthplace

16. Informant John P. MilesAddress Leonard town, Md.

17. Burial Date thereof 11/4/48  
 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory St. Joseph

Location Maryland, Md.

18. Funeral director P. B. RobinsonAddress Leonard town, Md.

19. 11/3 48 Cainville  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1 Nov. 19 48 at 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 Oct 19 48 to 1 Nov 19 48  
 and that I last saw him alive on 1 Nov 19 48

Immediate cause of death

Subdural HematomaDURATION  
10 d.Due to Penetrating knife wound ofskull10 day.Due to skull

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Penetrating knife wound of skull.  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 10/29/48

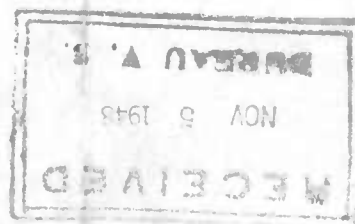
Where did injury occur? Mechanicville, St. Mary's, Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place (town)

Means of injury knife wound Injured at work? no

22. SIGNATURE Ray E. Guther, M.D.  
 M. D. or other

Address Mechanicville Date signed 1 Nov 48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11735

### 1. PLACE OF DEATH:

County St. Mary's  
City or town near Holly wood Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Mary's  
City or town near Holly wood  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

James Edward Newton

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ruth E. Newton  
6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug 28 - 1869

8. AGE: Years 79 Months 2 Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Holly wood St. Mary's Md  
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Franklin Newton

13. Birthplace St. Mary's Co

14. Maiden name Isabelle Yaton

15. Birthplace St. Mary's Co

16. Informant Mrs. Thelma Mc Gee

Address Holly wood Md

17. Burial Date thereof Nov 17 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. John's cemetery

Location Holly wood Md

18. Funeral director W. C. Mastingley Sons

Address Leonardtown Md

19. 11/16 48 Registrar C. C. C. C.

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1948

and that I last saw him alive on Nov 14 1948

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cardio Vascular Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank A. Cavalieri

Address Leonardtown Md Date signed 11/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11736 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

## 3. (a) FULL NAME

Francis Tyler Morris

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

—

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 24 / 1948  
6. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

128

hrs.

min.

9. Birthplace

MD  
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof 11/22/48  
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

48Cummins  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948 at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 21, 1948 to 11/21, 1948and that I last saw him alive on 11/21, 1948

Immediate cause of death

Asphyxiation  
due to  
facial trauma as fall on

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/21/48Where did injury occur? Leonardtown St. Mary's MD  
(City or town) (County) (State)Injured at home, farm, industry, pub'c place (where?) at homeMeans of injury Asphyxiation injured at work? no

23. SIGNATURE

Frank A. Cummins  
Leonardtown Date signed 11/21/48  
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 27 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11737

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Marys  
City or town Naval Air Station, Patuxent River, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 18 months  
Hospital, institution, or street address where death occurred:  
Dispensary, US NAS, Patuxent River, Md.  
How long in hospital or institution? 1 day

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Marys  
City or town St. George Island, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. none  
(If rural, give LOCATION)  
2.(a) If veteran, name war ---

### 3. (a) FULL NAME

POE, William Clarence

### 3. (b) Social Security Number

---

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 5-14-47 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 1 Months 6 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Leonardtwn, StMarys, Maryland  
(Town, county, and state)

10. Usual occupation ---

11. Industry or business ---

12. Name Clarence William Poe

13. Birthplace Maryland

14. Maiden name Elva Kathleen Graves.

15. Birthplace Washington, D. C.

16. Informant Mother

Address St. George Island, Maryland

17. Burial Date thereof Nov 22 1948  
(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory St Francis Xavier

Location St George Island Md

18. Funeral director W C Mattenigles Sons

Address Leonardtwn Maryland

19. 11/20 48 Casualty  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 19 November 19 48 at 12:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 November 19 48 to 19 November 19 48

and that I last saw him alive on 19 November 19 48

Immediate cause of death Respiratory Failure

Due to Foreign body in Trachea (1 hr

Due to (30 min

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Tracheotomy  
Sucker stick in Trachea Date of op 11-18-48

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Accident Date of 11-18-48

Where did injury occur? St. George Isl, St. Marys Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury fell with sucker in mouth injured at work?

23. SIGNATURE Frank D. Virgilio LCDR MCR USNR  
M. D. or other

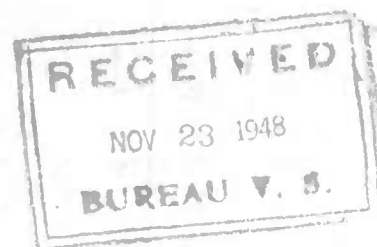
Address Dispensary  
NAS, Patuxent River, Md. Date signed 11-19-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11738

Reg. Dist. No. 284

## 1. PLACE OF DEATH:

County ST. MARYS  
 City or town C. CHARLOTTE HALL (RURAL)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ST. MARYS  
 City or town RURAL NR CHARLOTTE HALL  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

ROLLINS, Mary Florence

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Marcellus R. Rollins

7. Birth date of deceased (mo., day, yr.) June 18, 1890  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 58 Months 4 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Picesville, md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Gen. Henry Turner13. Birthplace Picesville, md.14. Maiden name Catherine Ann Swann15. Birthplace Picesville, md.16. Informant Marcellus R. RollinsAddress Mechanicsville, md.17. Burial Date thereof 11/15/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory TrinityLocation Newport, md.18. Funeral director Huntt & ReissAddress Wadsworth, Md.19. Nov 3 48 W. J. Swann  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2 Nov 19 48 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 MAY 19 48, to 2 Nov 19 48  
 and that I last saw him alive on 2 Nov 19 48

Immediate cause of death Cerebral embolism DURATION 1 day

Due to Pneumatic cardio  
vascular disease with

Due to mitral stenosis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Roy E. Guther, M.D.

Address Mechanicsville Date signed 2 Nov 48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 28

11739

## 1. PLACE OF DEATH:

County St. Mary'sCity or town St. Mary's  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 wks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary'sCity or town St. Mary's  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Infant Russell

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced —

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 12/48 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. 1 min.9. Birthplace MD  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

12. Name Dr. Russell13. Birthplace MD14. Maiden name Sarah Anna Ober15. Birthplace MD16. Informant Dr. RussellAddress St. Mary's17. Buried Date thereof 11/12/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph'sLocation Morgue18. Funeral director Dr. RussellAddress St. Mary's19. 11/12 48 Cavalier  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 48 at 11:36 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 48 to Nov. 12 48 and that I last saw him alive on Nov. 12 48Immediate cause of death 1 DURATIONNeurocephalus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank A. Cavalier M. D. or otherAddress St. Mary's Date signed 11/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

11740

488

## 1. PLACE OF DEATH:

County St Marys  
City or town near Clements Md  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St MarysCity or town near Clements  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Martha A. Russell

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Jackson Russell

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct 2 - 18648. AGE: Years 84 Months 1 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Clements St Marys Maryland  
(Town, county, and state)10. Usual occupation house wife11. Industry or business same12. Name Edward J. Russell13. Birthplace St Marys Co14. Maiden name Edwards15. Birthplace St Marys Co16. Informant Edwin RussellAddress Clements Maryland17. Burial Date thereof Nov 6, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Johns cemeteryLocation Washington Maryland18. Funeral director W C Mattingley SonsAddress Leonardtown Maryland19. 11/5 48 Clements  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 4 - 1948 at 4:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1948 to Nov 4 1948and that I last saw him alive on Nov 4 1948Immediate cause of death Cardiac respiratory failureDue to Ectopic pregnancy 1 yr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Roy G. Guther, MDAddress Freehills Date signed 5 Nov 48

M. D. or other

Address \_\_\_\_\_ Date signed \_\_\_\_\_

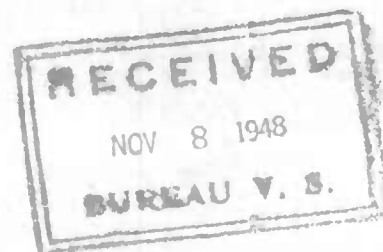
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Distr. No. 286

## 1. PLACE OF DEATH

County... *St. Mary's*City or town... *Rural Oakley*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *27 yrs.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *MD* County... *St. Mary's*City or town... *Rural Oakley*  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3.(a) FULL NAME

*Sarah Frances Russell*

## 3.(b) Social Security Number

4. Sex *F* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *WIDOWED*6.(b) Name of husband or wife... *John Henry Russell*

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) *12-30 1870*8. AGE: Years *77* Months *10* Days *4* If less than one day ..... hrs. .... min.9. Birthplace... *Clement St. Mary's Md*  
(Town, county, and state)10. Usual occupation... *Housekeeper*

11. Industry or business

12. Name... *James Hayden*13. Birthplace... *St. Mary's Co Md*14. Maiden name... *Missouri Bowles*15. Birthplace... *St. Mary's Co*16. Informant... *Joseph Russell*Address... *Clinton Md*17. *Burial* Date thereof... *11-8-48*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... *Mount Hope*Location... *Bushwood Md*18. Funeral director... *Mrs. Mattingly Sons*Address... *Lawson and Sons*19. *11-5-48* 19 *48* *R.V. Palmer*  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... *11-4-48* 19 *48* at *9:30 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*6-1-48* 19 *48* to *11-4-48* 19 *48*and that I last saw him alive on *11-4-48* 19 *48*Immediate cause of death... *Chronic**myocardial*

## DURATION

*5 yrs.*Due to... *chronic disease**of heart*Due to... *14 yrs.*

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... *Robert J. Palmer*

M. D. or other

Address... *overseas* Date signed... *11-5-48*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County St Marys  
 City or town Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 year  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St Marys  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rt 1  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.

## 3. (a) FULL NAME

Alma Elizabeth Wathen

## 3. (b) Social Security Number

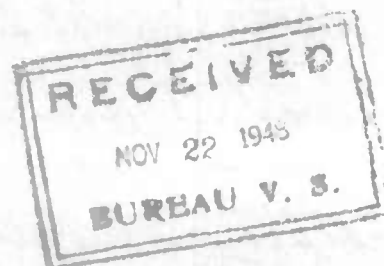
4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Joseph C Wathen  
 7. Birth date of deceased (mo., day, yr.) Nov 5 - 1884  
 6. (c) If alive, give age 61 years  
 8. AGE: Years 62 Months - Days 13 If less than one day hrs. min.

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov 17 1948 at 3:14 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 18 1947 to Nov 18 1948  
 and that I last saw him alive on Nov 15 1948  
 Immediate cause of death Fibrillation of heart DURATION 8 min  
 Due to Chronic Pulmonary Hypertension  
 Due to 3 yrs  
 Other conditions  
 (Include pregnancy within 3 months of death)  
 Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Hollywood St Marys Md  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business same  
 12. Name Wallace Abell  
 13. Birthplace St Marys Co  
 14. Maiden name Anna Clarke  
 15. Birthplace St Marys Md  
 16. Informant Joseph C Wathen  
 Address Leonardtown Md  
 17. Burial Date thereof Nov 20 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St Albans  
 Location Leonardtown Md  
 18. Funeral director W C Mattingley Son  
 Address Leonardtown Md  
 19. 11/18 1948 Cavalier  
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE J F Greenwell M. D. or other  
 Address Leonardtown Md Date signed Nov 19 1948



11743

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Leonardtown Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 hours  
 Hospital, institution, or street address where death occurred:  
St. Marys Hospital  
 How long in hospital or institution? 17 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys  
 City or town Holly Wood  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. A. 7 P. 7  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Walter Leonard Woodburn

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mrs. Walter L. Woodburn

7. Birth date of deceased (mo., day, yr.) Jan 17 - 1889 6. (c) If alive, give age 57 years

8. AGE: Years 57 Months 10 Days 16 If less than one day hrs. min.

9. Birthplace Compton St. Marys Maryland  
(Town, county, and state)10. Usual occupation farmer11. Industry or business same12. Name Walter Woodburn13. Birthplace St. Marys Co14. Maiden name Susie Graves15. Birthplace St. Marys Co16. Informant F. Abell WoodburnAddress Leonardtown Maryland17. Burial Date thereof Nov 3 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Our Lady's ChapelLocation near Leonardtown Maryland18. Funeral director W. C. Mattingly SonAddress Leonardtown Maryland19. 11/2 1948  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 19 48 at 1:25 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21 19 48 to Nov 1 19 48and that I last saw him alive on Nov 1 19 48

Immediate cause of death

DURATION

Diabetic acidosis came 2 daysDue to Diabetes

Due to

Other conditions Insulin dependent diabetesright

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results insulin dependent diabetes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury R. Smyth Injured at work?23. SIGNATURE John L. Smith M. D. or other 11/1/48  
Address Leonardtown Md. Date signed

MARGIN RESERVED FOR BINDING

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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

